

III. MANAGEMENT INFORMATION SYSTEM (MIS)

Management Information System involves the planning, documentation, security/confidentiality and production of the necessary reports relating to program operations through the utilization of automated data processing services at the State and local level.

A. System Planning and Operation - 246.4(a)(12): describe the procedures for planning, approving and monitoring ADP goods and services, and any interaction with other statewide automated data processing operations which may take place including system costs for services and security.

B. Participant Characteristics Minimum Data Set (MDS) - 246.4(a)(11)(i): describe the data items which are reported electronically regarding participant characteristics and whether these items are currently being collected or if there are plans to collect them in the future.

C. WIC Systems Functional Requirements Checklist - 246.4(a)(8); (9); (11); (12); (13); (14); (15) and (18): describe those functions which are currently incorporated into the MIS or which are planned to be incorporated in the future.

**MANAGEMENT INFORMATION SYSTEM (MIS)
SYSTEM PLANNING AND OPERATION**

A. SYSTEM PLANNING AND OPERATION

1. ADP System Planning

a. The WIC State agency is included in the following comprehensive Statewide ADP plan(s):

- | | |
|---|---|
| <input type="checkbox"/> Title IVa (AFDC) | <input type="checkbox"/> Title XIX (Medicaid) |
| <input type="checkbox"/> Title V (MCH) | <input type="checkbox"/> Food Stamp Program |
| <input checked="" type="checkbox"/> No | <input type="checkbox"/> Other (specify): |

If no, the WIC State agency has its own plan for ADP utilization

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

b. The State agency has written procedures for monitoring and approving local agency requests for ADP goods and services

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

**ADDITIONAL DETAIL: Management Information Systems Appendix
and/or Procedure Manual (cite): TX General Services Commission policies and TDH
purchasing (CPS) in place when system was developed**

2. System Documentation

a. The State system is fully documented in accordance with (check all that apply):

- | |
|---|
| <input type="checkbox"/> USDA/FNS Computer Security Policy Handbook No. 701 |
| <input type="checkbox"/> USDA/FNS ADP Security Guide |
| <input checked="" type="checkbox"/> Other (specify): TDH Automated Data Services standards in place when system was developed |

b. The State agency's overall ADP system documentation includes (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> a general design | <input type="checkbox"/> a detailed design |
| <input checked="" type="checkbox"/> users manual | <input type="checkbox"/> maintenance manual |
| <input type="checkbox"/> method for updating documentation for system changes/modifications | |

**ADDITIONAL DETAIL: Management Information Systems Appendix
and/or Procedure Manual (cite):**

**MANAGEMENT INFORMATION SYSTEM (MIS)
SYSTEM PLANNING AND OPERATION**

3. Automated Data Processing Services

- a. Indicate below whether the following ADP functions, if applicable, are performed by State agency/local agency staff or are contracted to an outside firm:**

<u>Function</u>	<u>Performed SA/LA Staff</u>	<u>Contracted to Outside Firm (specify):</u>
Data entry	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Food instrument production	<input type="checkbox"/> / <input checked="" type="checkbox"/>	
Management reports	<input checked="" type="checkbox"/> / <input checked="" type="checkbox"/>	
Feasibility study	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
APD development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
ADP system hardware operation	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
Custom software development	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
Custom software maintenance	<input checked="" type="checkbox"/> / <input type="checkbox"/>	
Printing forms/FIs	<input type="checkbox"/> / <input type="checkbox"/>	NCR
Backup computer facility	<input type="checkbox"/> / <input type="checkbox"/>	N/A
Other (specify):	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	
	<input type="checkbox"/> / <input type="checkbox"/>	

- b. Costs related to the following areas are identified and tracked separately (check all that apply):**

<input type="checkbox"/> system development	<input type="checkbox"/> system maintenance
<input type="checkbox"/> system operation	<input checked="" type="checkbox"/> costs are <u>not</u> broken out separately

- c. The State agency has a blanket purchase agreement in effect for (check all that apply):**

<input type="checkbox"/> equipment	<input type="checkbox"/> services	<input type="checkbox"/> software
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- d. The State agency has methods in place for ensuring that the cost of equipment or services used by WIC and other programs are equitably prorated among funding sources**

☒ Yes ☐ No

- e. The State agency periodically reviews system costs billing**

☒ Yes ☐ No

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f. The State agency acquires banking services through:

- ☐ competitive bids among banks within the State
- ☐ competitive bids among in-State and out-of-State banks
- ☐ use of State agency designated bank
- ☒ other: N/A

**ADDITIONAL DETAIL: Management Information Systems Appendix
and/or Procedure Manual (cite):**

4. System Security/Data Confidentiality

a. To ensure that data files and computer programs are protected, the State agency ensures that (check all that apply):

- ☒ there is a separate organizational area/individual to control access to tapes, diskpacks, etc.
- ☒ access to WIC Program data files is controlled through password access or similar control
- ☒ operational personnel are limited to only those jobs for which they are responsible
- ☒ passwords are protected
- ☒ passwords are changed periodically
- ☒ the system access procedures are audited at least once a year
- ☒ procedures are in place for removing passwords, ID's etc. when personnel leave
- ☐ other (specify):

b. To ensure that file storage and backup hardware procedures are sufficient to allow the system to recover and continue processing after fire, flood or similar disaster, the State agency ensures that (check all that apply):

- ☒ backup copies of files and program are stored off-site in a secure location
- ☒ backup copies are kept up-to-date
- ☐ there is an agreement with another processing unit with compatible hardware to provide services in an emergency
- ☐ a recent test of the WIC system or mock disaster recovery operation has been conducted at the backup facility
- ☐ other (specify):

5. Description of MIS changes that occurred in the past year: Maintenance only

6. Description of MIS changes planned for the upcoming year. Changes to field and state systems for EBT

**MANAGEMENT INFORMATION SYSTEM (MIS)
SYSTEM PLANNING AND OPERATION**

**ADDITIONAL DETAIL: Management Information Systems Appendix
and/or Procedure Manual (cite):**

MANAGEMENT INFORMATION SYSTEM (MIS)
PARTICIPATION CHARACTERISTICS

B. PARTICIPANT CHARACTERISTICS MINIMUM DATA SET (MDS)

The Participant Characteristics Minimum Data Set (MDS) contains data items which are reported to FCS electronically by State agencies for one report month on all or a sample of participants. The MDS has required data items which must be collected and reported. The Supplemental Data Set Specifications (SDS) is comprised of optional data items which State agencies may collect and report. Please check those data items the State agency currently collects in its Management Information Systems and those data items it is planning to collect within the next two years.

REQUIRED:

Participant Characteristics Minimum Data Set

State Agency MIS:

Collects


- ☐ State Agency ID. A unique number that permits linkage to the WIC State agency where the participant was certified.
- ☒ Local Agency ID. A unique number that permits linkage to the local agency where the participant was certified as eligible for WIC benefits.
- or**
- ☒ Service Site ID. A unique number that permits linkage to the service site where certified. Either local agency ID or service site ID may be reported according to the level the State Agency feels appropriate. At a minimum, State agencies must provide agency names and addresses for each ID provided on their files.
- ☒ Case ID. A unique record number for each participant which maintains individual privacy at the national level.

General Instructions: Participant or Case Ids for each participant should continue to maintain individual privacy at the national level. States are requested to generate these Ids in the same manner that was applied for PC92 to allow longitudinal tracking of participant characteristics. This task can be accomplished by applying the PC92 algorithm to construction of PC2000 participant IDs.

- ☒ Client Date of Birth: Month, day and year of participant's birth reported in MMDDYYYYformat.
- ☒ Client Race/Ethnicity. The classification of the participant into one of the five (5) racial/ethnic categories: white; black; Hispanic; American Indian or Alaskan Native; or Asian or Pacific

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Islander. The ethnic categories, white and black, include only those persons who are not of Hispanic origin.



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State Agency MIS:
Collects

- ☒ Certification Category. The category---one of five (5) possible categories---under which a person is certified as eligible for WIC benefits: pregnant woman; breastfeeding woman; postpartum woman (not breastfeeding); infant (under 12 months); or child (12-59 months).
- ☒ Expected Date of Delivery or Weeks Gestation. For pregnant women, the projected date of delivery (MMDDYYYY format) or the number of weeks since the last menstrual period as determined at WIC Program certification.
- ☒ Date of Certification. The date the person was declared eligible for the most current WIC Program certification as of April 1999. Month, day, and year should be reported in MMDDYYYY format.
- ☒ Sex. For infants and children, male or female.
- ☒ Priority Level. Participant priority level for WIC Program certification at the time of the most recent WIC Program certification as of April 1999.
- ☒ Participation in TANF/AFDC, Food Stamps, Medicaid. The participant's reported participation in each of these programs at the time of the most recent WIC Program certification as of April 1999.
- ☒ Migrant Status. Participant migrant status according to the federal WIC Program definition of a migrant farm worker (currently counted in the FNS 498 report).
- ☒ Number in Family or Economic Unit. The number of persons in the family or economic unit upon which WIC income eligibility was based.

A self-declared number in the family or economic unit may be reported for participants whose income was not required to be determined as part of the WIC certification process. These participants include adjunctively income-eligible participants (due to TANF/AFDC, Food Stamp Program, or Medicaid participation) and those participants deemed income eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii) (means tested programs identified by the State for automatic WIC Program income eligibility, income eligibility of Indian and instream migrant farmworker applicants).

MANAGEMENT INFORMATION SYSTEM (MIS)
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State Agency MIS:
Collects

☒ Family or Economic Unit Income

For persons for whom income is determined during the certification process, the income amount that was determined to qualify them for the WIC Program during the most recent certification as of April 1999.

FNS will convert income expressed in different measures (weekly, monthly, yearly, etc.) to annual amounts.

For descriptive purposes only, for participants whose income was not required to be determined as part of the WIC Program certification process, the self-reported income at the time of certification. These participants include adjunctively income-eligible participants and those persons deemed eligible under optional procedures available to the State Agency in Federal WIC Regulations, Section 246.7(d)(2)(vi-viii).

Zero should not be used to indicate income values that are missing or not available. Zero should indicate only an actual value of zero.

☒ Nutritional Risks Present at Certification. The three highest priority nutritional risks present at the WIC Program certification current in April 1999.

☒ Hemoglobin or Hematocrit. That value for the measure of iron status that applies to the WIC Program certification current in April 1999. It is assumed that the measure was collected within sixty (60) days of the certification date.

☒ Weight. The participant's weight measured according to the CDC nutrition surveillance program standards [nearest one-quarter (1/4) pound]. If weight is not collected in pounds and quarter pounds, weight may be reported in grams.

☒ Height. The participant's height (or length) measured according to the CDC nutrition surveillance program standards [nearest one-eighth (1/8) inch]. If height is not collected in inches and eighth inches, height may be reported in centimeters.

☒ Date of Height and Weight Measure. The date of the height and weight measures that were used during the most recent WIC Program certification period as of April 1999 in MMDDYYYY format.

☒ Currently Breastfed. For infant participants between the ages of seven and eleven months, whether or not the participant is currently receiving breastmilk.

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☒ Ever Breastfed. For infants between the ages of seven and eleven months, whether or not the infant was ever breastfed.

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State Agency MIS:
Collects

- ☒ Length of Time Breastfed. For infants between the ages of seven and eleven months, the number of weeks the infant received breastmilk.
- ☐ Date Breastfeeding Data Collected. For infants between the ages of seven and eleven months, the date on which breastfeeding status was reported in MMDDYYYY format.
- ☒ Food Packages. The food package code(s) for the WIC food package or for all food instruments prescribed for the participant during the month.

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Supplemental Data Set (OPTIONAL)

State Agency MIS:

Collects

**Plans to
Collect**

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Date of First WIC Certification: Date the participant was first certified for the WIC Program in MMDDYYYY format. For pregnant, breastfeeding and postpartum women this applies to the current/most recent pregnancy and not to prior pregnancies. |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational Level: For pregnant, breastfeeding and postpartum women, the highest grade or year of school completed. For infants and children, the highest grade or year of school completed by mother or primary caretaker. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Number in Household on WIC: The number of people in the participant's household receiving WIC benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | Source of Prenatal Care: For pregnant, breastfeeding and postpartum women, source of care for current/most recent pregnancy. |
| <input type="checkbox"/> | <input type="checkbox"/> | Date When Prenatal Care Began: For pregnant, breastfeeding and postpartum women, the date when prenatal care began for the most recent pregnancy in MMDDYYYY format. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Date Previous Pregnancy Ended: For pregnant women, the date previous pregnancy ended in MMDDYYYY format. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Total Number of Pregnancies: For pregnant women, the total number of times the woman has been pregnant, including this pregnancy, all live births and any pregnancies resulting in miscarriage, abortion or stillbirth. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Total Number of Live Births: For pregnant women, the total number of babies born alive to this woman, including those who may have died shortly after birth. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Prepregnancy Weight: For pregnant women only, the participant's weight immediately prior to pregnancy. Prepregnancy weight may be reported either in pounds and ounces or in grams. |

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State Agency MIS:

Collects

**Plans to
Collect**

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Weight Gain During Pregnancy: For breastfeeding and postpartum women, the participants weight gain during pregnancy as taken immediately at or prior to delivery. Weight gain during pregnancy may be reported in either pounds and ounces or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Birth Weight: For infants and children, the participant's weight at birth measured according to the CDC nutrition surveillance program standards (lbs/ounces). Birth weight may be reported in either pounds or ounces, or in grams. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Birth Length: For infants and children, the participant's length measured according to the CDC nutrition surveillance program standards (1/8 inches). Birth length may be reported in either inches and eighth inches or in centimeters. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Date of Last Routine Check-up or Immunization: Month, day , and year of the last routine check-up or immunization for infants and children reported in MMDDYYYY format. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Length of Time Mother on WIC During Pregnancy: For infant participants, the length of time mother was on WIC during this infant's prenatal period. |

The following items may be reported at the discretion of individual States.

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Erythrocyte Protoporphyrin. That value for the measure of iron status that applies to the WIC Program certification current in April 1999. |
| <input type="checkbox"/> | <input type="checkbox"/> | Participation in the Food Distribution on Indian Reservations program. The participant's reported participation in this program at the time of the most recent WIC Program certification as of April 1999. |

MANAGEMENT INFORMATION SYSTEM (MIS)
PARTICIPATION CHARACTERISTICS

C. WIC SYSTEMS FUNCTIONAL REQUIREMENTS CHECKLIST

The following checklists were taken from the WIC Functional Requirements Document (FRD) which was provided as guidance to State agencies on functions they should consider incorporating in their Management Information Systems. Please check those functions/capabilities which the State agency system currently performs or plans to perform within the next two years.

WIC FUNCTIONAL CHECKLIST

State Agency <u>Performs</u>	State Agency <u>Planned</u>	Function/Capabilities
CERTIFICATION		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Determine Basic Eligibility of Applicant
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Capture Basic Eligibility Characteristics on Persons Applying for WIC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain Appointment Schedule Availability and Produce Daily Appointment Schedules
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide Appointment Notice to Applicant
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Determine Nutritional Risk of Client
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Capture Required Client Nutrition and Health Characteristics Needed for Certification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Capture Additional Client Nutrition and Health Characteristics
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assign the Nutritional Risk of the Client
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Certify Eligible Applicants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Capture and Maintain Enrollee Data on Certified Clients
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issue Identification Card to Client
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide Notification of the Next Certification Date to Client
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Issue Notification of Certification or Termination to Client
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food Package Issuance/Data
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prescribe Enrollee Food Package
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain Appointment Schedule

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<input type="checkbox"/>	<input type="checkbox"/>	for Enrollee Food Instrument Pick-up Select and Record Enrollee Vendor Selection
<input type="checkbox"/>	<input type="checkbox"/>	Check for Dual Participation/Process Transfers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	List Dual Enrollees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	List Dual Participants
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Process Transfer of Enrollees
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Capture Investigator Data
		Capture Enrollee
		Record for Compliance
		Investigators
State	State	
Agency	Agency	
<u>Performs</u>	<u>Planned</u>	Function/Capabilities

NUTRITION EDUCATION AND HEALTH SURVEILLANCE

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain Nutrition Education Data
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain Appointment Schedules for Enrollees That Are to Receive Nutrition Education
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintain Appointment Schedule of Available Nutrition Education Sessions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide Appointment Notice to Enrollee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Track Participation in Education
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Track Types of Nutrition Education Provided
<input type="checkbox"/>	<input type="checkbox"/>	Perform Individual Client Health Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Capture and Monitor Changes in Individual Client Health Status
<input type="checkbox"/>	<input type="checkbox"/>	Provide Individual Client Data to Other Health Agencies
<input type="checkbox"/>	<input type="checkbox"/>	Perform Individual Client Nutrition Education and Diet Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Capture and Monitor Changes in Individual Client Dietary Behavior
<input type="checkbox"/>	<input type="checkbox"/>	Perform Analysis of WIC Population Nutrition Education and Health Surveillance
<input type="checkbox"/>	<input type="checkbox"/>	Monitor Changes in WIC Participant Population Health Status

MANAGEMENT INFORMATION SYSTEM (MIS)

PARTICIPATION CHARACTERISTICS

- | | | |
|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Monitor Clients' Views of WIC Program Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Monitor Changes in WIC Participant Population Dietary Behavior |
|
 | | |
| Provide WIC Health Statistics to Other Health Agencies | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide WIC Participant Population Data to Other State Health Agencies |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide WIC Participant Population Data to Center for Disease Control |

FOOD INSTRUMENT PRODUCTION

- | | | |
|--|-------------------------------------|---|
| Maintain Food Package Database | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Record List of Approved Foods and Food Package Data |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Record Food Package Variations and Food Instrument Types |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proration of Food Quantities for Clients With Late Pick-up |
|
 | | |
| Print Food Instruments on Demand | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Print Regular Food Instruments for Participants on Demand |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Print Food Instruments for Multiple Months |
| <input type="checkbox"/> | <input type="checkbox"/> | Print Vendor-Specific Food Instruments |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Print Prorated Food Instruments |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Print Custom-Tailored Food Instruments |
|
 | | |
| Print and Distribute Food Instruments in Advance of Pick-up | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Print Food Instruments in Advance of Participant Pick-up |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Print Food Instruments for Multiple Months |
| <input type="checkbox"/> | <input type="checkbox"/> | Print Vendor-Specific Food Instrument |
|
 | | |
| Monitor Food Instrument Stock | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Record Stock Receipt, Shipment, and Usage of Food Instruments |

FOOD INSTRUMENT PAYMENT AND RECONCILIATION

- | | | |
|--|--------------------------|--|
| Void Unissued and Unredeemed Food Instruments | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Void Unissued and Unredeemed Food Instruments Produced on Demand |

MANAGEMENT INFORMATION SYSTEM (MIS)

PARTICIPATION CHARACTERISTICS

☒ ☐ Void Unissued and Unredeemed Food Instruments Printed in Advance

Reconcile Redeemed Food Instruments

☒ ☐ Process Food Instruments Redeemed by Vendors

☒ ☐ Produce Rejection Reports for Food Instruments Not Paid to Vendors

☒ ☐ Check for Valid Vendor on Redeemed Food Instruments

☒ ☐ Check for Redeemed but Unissued Food Instruments

Produce Vendor Payment Detail

☐ ☐ Produce Payment Detail for Checks (Where Applicable)

☒ ☐ Produce Payment Detail for Vouchers (Where Applicable)

CASELOAD MANAGEMENT

Allocate Caseload

☐ ☒ Determine Maximum State Caseload Which Could be Served With Available Funds

☐ ☒ Prepare Local Agency Caseload Allocation Estimates

☒ ☐ Record Caseload Allocations Assigned to Local Agencies

Monitor Caseload

☐ ☒ Track Actual Participation Against Caseload Levels

☒ ☐ Produce FNS Reports on Participation

VENDOR MANAGEMENT

Support Vendor Authorizations

☒ ☐ Capture and Maintain Data on Authorized Vendors

☐ ☒ Produce Vendor History Information on Individual Vendors

☐ ☒ Track Vendor Authorization Process

Determine High Risk Vendors

☐ ☒ Determine High Risk Vendors Using Basic Statistical Analysis (e.g., Low Variance, High Mean)

☒ ☒ Determine High Risk Vendors Using Additional Analytic Tools

Monitor Vendor Education

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☐ ☐ Record Vendor Education Sessions Scheduled for Each Vendor

☐ ☒ Record Attendance at Vendor Education Sessions by Vendor

Track Investigations and Routine Monitoring

☒ ☐ Capture Compliance Buys and Routine Monitoring Data Performed on Vendors

☐ ☒ Support Constructing a Sampling of Vendors for Investigation

☐ ☒ Support Record Audits With Data Needed to Evaluate Vendor Inventory of WIC Foods

Monitor Compliance Cases and Sanctions

☐ ☒ Maintain Data for In-State Vendor Investigation Cases and Sanctions Applied

☐ ☐ Maintain Compliance Data for Abusive Out-of-State Vendors

☐ ☐ Accumulate Sanction Points for Vendor Abuse

Coordinate with Food Stamps Program

☐ ☐ Maintain FSP Violation Data on WIC Vendors

☐ ☐ Report WIC Sanctions to Food Stamp Program

Support Vendor Communications

☒ ☐ Produce Vendor Lists and Labels

☐ ☐ Produce Vendor Correspondence

OPERATIONS MANAGEMENT

Monitor Administrative Operations

☒ ☐ Maintain Staffing, Client Load and Operational Characteristics on Local Agencies and Clinics

☒ ☐ Produce client and Food Instrument Activity Reports on Local Agencies and Clinics

Maintain Client Outreach

☒ ☐ Maintain Client Lists for Local Agencies to Use for Outreach

☒ ☐ Track Referrals of WIC Participants to Other Health and Social Services

FINANCIAL MANAGEMENT

MANAGEMENT INFORMATION SYSTEM (MIS)
PARTICIPATION CHARACTERISTICS

Record Grants and Budgets

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Record Nutrition Services, Administration and Food Grant
for State Agency |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Maintain Local Agency Budget Information |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Maintain State Agency Budget Information |

Monitor Expenditure

- | | | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Monitor Nutrition Services, Administration and Food
Obligations & Expenditures |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Monitor Cash Flow |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Produce FNS 498 Report |

Process Manufacturer Rebates

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Estimate Total Annual Rebates |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bill Manufacturer(s) for Rebate |
| <input type="checkbox"/> | <input type="checkbox"/> | Monitor Rebate Collections from Manufacturer(s) |

SYSTEM ADMINISTRATION

Maintain System Data Tables

- | | | |
|-------------------------------------|--------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Maintain System Data Tables |
|-------------------------------------|--------------------------|-----------------------------|

Administer System Security

- | | | |
|-------------------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Maintain User Identification |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Maintain User Capabilities |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Monitor Unauthorized Access |

Archive System Data

- | | | |
|-------------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Archive and Restore Historical Data |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Purge Unnecessary Data |